

## Health Care FSA Worksheet

### Estimating your health care expenses

\* Enter your health care expenses for the last 12 months.

\* Enter your known or expected expenses for the next 6 months.

Eligible Expenses	Expenses Incurred in 2004	Expected Expenses January through June, 2005
<b>Health Care Expenses:</b>		
Deductibles	\$	\$
Coinsurance	\$	\$
Copayments	\$	\$
Amounts above plan limits	\$	\$
Other health care expenses not reimbursed by your medical plan, including over-the-counter drugs and medicines (see Plan for limitations)	\$	\$
<b>Dental Expenses:</b>		
Deductibles, copayments	\$	\$
Coinsurance	\$	\$
Other dental expenses not reimbursed by your dental plan	\$	\$
<b>Vision &amp; Hearing Expenses (above plan maximums):</b>		
Eye exams	\$	\$
Corrective contact lenses	\$	\$
Prescription eyeglasses	\$	\$
Hearing exams	\$	\$
Hearing aids or devices	\$	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>
Note: For monthly amount for 2005 Short Plan Year, divide by 6.		\$

**Note:** Only expenses incurred during the short plan year may be reimbursed. You will need to enroll again for the next plan year starting 07/01/05.